

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN District of TEXAS
(State)

Case number (if known): Chapter

FILED
SEP 14 2020
CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed**1. Chapter of the Bankruptcy Code**

Check one:

- ☒ Chapter 7
☐ Chapter 11

Part 2: Identify the Debtor**2. Debtor's name**

EXAMINATION MANAGEMENT SERVICES, INC

3. Other names you know the debtor has used in the last 8 years

EMSI

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)☐ Unknown7 5 - 1 4 4 4 1 3 9
EIN**5. Debtor's address****Principal place of business**

3050 REGENT BLVD

Number Street

SUITE 400

IRVING

City

TX

State

75063

ZIP Code

DALLAS

County

Mailing address, if different

1999 BRYAN ST, SUITE 900

Number Street

C/O C T CORPORATION SYSTEM

P.O. Box

DALLAS

City

TX

State

75201

ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City

State

ZIP Code

Debtor

EXAMINATION MANAGEMENT SERVICES, INC

Name

Case number (if known)

6. Debtor's website (URL) WWW.EMSINET.COM

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other type of debtor. Specify: _____

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the types of business listed.
- ☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
- ☐ Yes. Debtor _____ Relationship _____
- District _____ Date filed _____ Case number, if known _____
- MM / DD / YYYY
- Debtor _____ Relationship _____
- District _____ Date filed _____ Case number, if known _____
- MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☐ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
- ☒ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
- ☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor

EXAMINATION MANAGEMENT SERVICES INC

Name

Case number (if known)

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim
above the value of
any lien

JTD SERVICES INC

see attached

40,633.30

BISTATE PROFESSIONAL SERVICES INC see attached

\$ 41,741.44

LYNN BLANK EXAM SERVICES

see attached

\$ 36,201.64

FIVE EIGHT EIGHT TWO INC

see attached

\$ 13,601.75

Total of petitioners' claims

\$132,178.13

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative**Name and mailing address of petitioner**

SEE ATTACHED

Name

Number Street

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Attorneys

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY

Debtor

EXAMINATION MANAGEMENT SERVICES, INC
 continuation (page 4)

Case number (if known)

Name and mailing address of petitioner

JTD SERVICES INC

Name

8713 Airport Freeway #318

Number Street

Fort Worth

City

TX

State

76180

ZIP Code

Name and mailing address of petitioner's representative, if any

Jay Keyser

Name

104 W Carruth Lane

Number Street

Double Oak

City

TX

State

75077

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

 Executed on 09/08/2020
 MM / DD / YYYY

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY

Name and mailing address of petitioner

Lynn Blank Exam Services

Name

8865 Commodity Cr #13-216

Number Street

Orlando

City

FL

State

32819

ZIP Code

Name and mailing address of petitioner's representative, if any

Lynn Blank Exam Services

Name

8865 Commodity Cr #13-216

Number Street

Orlando

City

FL

State

32819

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

 Executed on 09/08/2020
 MM / DD / YYYY

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY

Debtor

EXAMINATION MANAGEMENT SERVICES INC

Name

continuation (page 5)

Case number (if known)

Name and mailing address of petitioner

BISTATE PROFESSIONAL SERVICES INC

Name

17838 Chesterfield Airport Road

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

Name and mailing address of petitioner's representative, if any

Iris L. Hardy

Name

17838 Chesterfield Airport Road

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **09/08/2020**

MM / DD / YYYY

x *Iris L. Hardy*

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

x

Signature of attorney

Date signed

MM / DD / YYYY

Name and mailing address of petitioner

FIVE EIGHT EIGHT TWO, INC

Name

8825 Perimeter Park Blvd #402

Number Street

Jacksonville

City

FL

State

32216

ZIP Code

Name and mailing address of petitioner's representative, if any

Christine Ross

Name

4841 State Road 13

Number Street

Saint Johns

City

FL

State

32259

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **09/08/2020**

MM / DD / YYYY

x *Christine Z. Ross*

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

x

Signature of attorney

Date signed

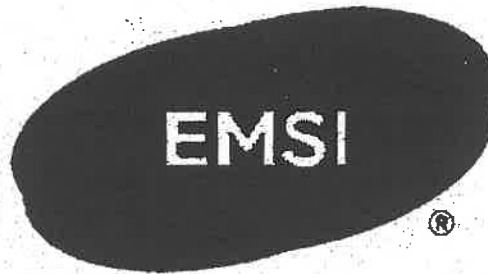
MM / DD / YYYY

ATTACHMENT TO INVOLUNTARY PETITION FILED AGAINST EXAMINATION
MANAGEMENT SERVICES, INC.

1. The petitioners provide exam services to the insurance industry and submit the billing for these services through Examination Management Services, Inc. (EMSI). EMSI bills the insurance company and then pays the petitioners twice monthly for these services after keeping their percentage for collection and web services provided to the industry. Other lines of business include occupational health, drug collections, and clinicals. Petitioners agree to provide these services and EMSI agrees to take their percentage and then pay the petitioners for the services provided. Each petitioner acts as a separate independent contractor for these services by employing their own staff and providing their own materials and tools.
2. On July 1st, EMSI “missed” their first payment to the petitioners.
3. On July 3rd, an email was circulated among EMSI employees and contractors that announced that EMSI was closed effective immediately.
4. On July 15th, EMSI “missed” their second payment to the petitioners.
5. Amounts reflected on petition is reflective of these missed payments in addition to outstanding work that was in dispute.
6. Upon trying to obtain payment directly from the insurance carriers, it has been discovered that EMSI submitted all billing (completed by petitioners) through June 30, 2020 to the carriers for payment and carriers were contractually obligated to submit payment to EMSI. On August 3rd it was confirmed that MCA Financial Group (Dallas/Fort Worth, Texas, 214.452.8200) was actively pursuing collections on behalf of a “bank” creditor of EMSI.
7. As of the date of this filing, EMSI has not communicated directly with the petitioners to formulate a plan to pay for the services provided by the petitioners that EMSI has collected.

(Following is a screen shot of the EMSI web site announcing the closing and an email distributed to employees and contractors announcing the closing on a holiday).

ATTACHMENT - WEBSITE PAGE.



EMSI Ceases Operations, Effective July 3, 2020

COVID-19 has disrupted families, communities, and businesses in our country and around the world. EMSI has become a casualty of these unprecedented times, as the pandemic has severely depressed service volumes. As a result, all company operations ceased on Friday, July 3, 2020.

We are thankful for all our customers and to EMSI staff and partners for their service to EMSI and its clients.

ATTACHMENT - EMAIL FROM
EMSI

imrjax@imrjax.com

From: EXAM Jacksonville Metro 410 <jacksonville410.exam@emsinet.com>
Sent: Friday, July 3, 2020 5:11 PM
To: imrjax@imrjax.com
Subject: FW: EMSI Ceases Operations Immediately

Christine Ross

Branch Manager, Jacksonville Metro 410

A NETWORK SERVICE PROVIDER OF EMSI

8825 Perimeter Park Boulevard, Suite 402 | Jacksonville, FL 32216

P: 904.733.2222 | C: 904.733.2222 | F: 833.258.4226

Powerful Information. Improved Outcomes.

From: Melissa Tillman
Sent: Friday, July 03, 2020 3:37 PM
Subject: EMSI Ceases Operations Immediately

Hello all,

First and foremost, I did not know anything about this until the information was passed to us today. I have enjoyed working with each of you. If you have seen this already, please see below communication:

Melissa Tillman
Regional Operations Manager – Southeast

To All EMSI Employees:

On behalf of the EMSI Board of directors, EMSI has ceased operations, effective immediately. Yesterday, Thursday July 2nd, was your last day of employment. If you are already working today, a company holiday, please stop working. If you are in an office, please go home immediately.

Final payroll amounts will be processed as soon as administratively possible. All employee benefits, as applicable will end as of the close of business today. No COBRA or employee benefit continuation will be available, due to the end of business operations. Should you have interest in personal insurance coverage you may contact an insurance broker at 877-249-6037 or via email at ChooseMylo.com/Dunning.

Information regarding collection of personal belongings at a later date will be forthcoming.

COVID-19 has disrupted families, communities and businesses in our country and around the world. EMSI has now become a casualty of these unprecedented times, as service volumes have not rebounded sufficiently for the company to meet its financial obligations. Thank you for your service to EMSI and its clients.

CORPORATE OWNERSHIP STATEMENT PURSUANT
TO FEDERAL RULES OF BANKRUPTCY PROCEDURE 1007
AND 7007.1

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy
Procedure, JTD SERVICES, INC. respectfully represents that no corporation directly or
indirectly owns 10% or more of any class of its equity interest.

Dated September 8, 2020

A handwritten signature in black ink, appearing to read "Jay Keyser", is written over a horizontal line.

By: Jay Keyser

President

JTD SERVICES, INC

**CORPORATE OWNERSHIP STATEMENT PURSUANT
TO FEDERAL RULES OF BANKRUPTCY PROCEDURE 1007
AND 7007.1**

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy
Procedure, LYNN BLANK/EXAM SERVICES, respectfully represents that no
corporation directly or indirectly owns 10% or more of any class of its equity interest.

Dated September 8, 2020

A handwritten signature in cursive script, appearing to read "L. Blank", is written over a horizontal dashed line.

By: Lynn Blank

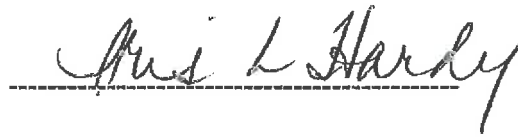
President

LYNN BLANK/EXAM SERVICES

**CORPORATE OWNERSHIP STATEMENT PURSUANT
TO FEDERAL RULES OF BANKRUPTCY PROCEDURE 1007
AND 7007.1**

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure BISTATE PROFESSIONAL SERVICES, INC. respectfully represents that no corporation directly or indirectly owns 10% or more of any class of its equity interest.

Dated September 8, 2020

A handwritten signature in cursive script, reading "Iris L. Hardy", is written over a horizontal dashed line.

By: Iris L. Hardy

President

BISTATE PROFESSIONAL SERVICES, INC.

**CORPORATE OWNERSHIP STATEMENT PURSUANT
TO FEDERAL RULES OF BANKRUPTCY PROCEDURE 1007
AND 7007.1**

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, FIVE EIGHT EIGHT TWO, INC. respectfully represents that no corporation directly or indirectly owns 10% or more of any class of its equity interest.

Dated September 8, 2020



By: Christine Ross

President

FIVE EIGHT EIGHT TWO, INC.

WesternUnion WU

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION FINANCIAL SERVICES INC. - DENVER - Englewood, Colorado
Payable at Wells Fargo Bank Grand Junction - Durango, N.A. Grand Junction, Colorado

MONEY ORDER

PUBLIX #1099

19-176018504

AGT 325387 DT 091020
1 135 10
191760185044 L 001099 \$ 335.00

PAY EXACTLY THREE HUNDRED THIRTY-FIVE DOLLARS AND NO CENTS

PAY TO THE ORDER OF U.S. Bankruptcy Court for Northern District of Texas

PAYMENT FOR ACCT. #

PURCHASER'S SIGNATURE

PURCHASER BY SIGNING THIS AGREES TO THE TERMS ON THE REVERSE SIDE

⑆102100400⑆ 40191760185044⑆

MONEY ORDER RECEIPT - NON NEGOTIABLE

Use cash to pay for millions of Amazon.com products with Amazon Participating Western Union Agent locations or add cash to you with Amazon Cash, then shop on Amazon.com. Find out more at wu.c

AGT 325387 LOC 001099 DT 091020 \$335.00 THREE HUNDRED THIRTY-FIVE DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the recipient.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) you provide WUFSI with the original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-899-8030.

* 19176018504 *



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